

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26547

Registrar's No.

6339

I X25390

SEP 17 1941

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 wks. (Specify whether
In this community 17 yrs. years, months or days)

3. (a) PRINT FULL NAME Frank Witte

3. (b) If veteran, name war no 3. (c) Social Security No. 49405-2593

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola Witte 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 20 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation lead burner

11. Industry or business Titanum Pigment Co.

12. Name Henry Witte

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Finan

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Witte

(b) Address 352 W. Loretta

17. (a) burial (b) Date thereof 8-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crem

18. (a) Signature of funeral director Fendler Und.Co.

(b) Address 7420 Michigan Ave.

19. (a) AUG - 2 1941 (b) J. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 352 W. Loretta Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1941 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 1 to Aug 1
that I last saw him alive on 8-1 and that death occurred on the date and hour stated above.

Immediate cause of death ac Cordiae dilation

Due to chronic myocarditis
pulmonary sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John D. Greckler (M. D. or other) D
Address 341 Lemay, Mo. Date signed 8-2-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Clarence E. Venable

Licensed Embalmer No.

4148

P. O. Address

Genoa Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.